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MAY 28 2004

IN THE UNITED STATES  
PATENT AND TRADEMARK OFFICE

APPLICANTS: Elliott Cooperstone and H. Thach Pham  
APPLICATION NO.: 09/755,934  
FILING DATE: January 4, 2001  
TITLE: Method And System For Remotely Managing Business And  
Employee Administration Functions  
EXAMINER: Not yet known  
GROUP ART UNIT: 3629  
ATTY. DKT. NO.: 16319-05986 (formerly 37728-6084)

OFFICIAL

## CERTIFICATE OF FACSIMILE TRANSMISSION AND OF MAILING

I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. I hereby certify that this correspondence is also being transmitted on the date shown below via facsimile to: Examiner Jonathan P. Ouelette, Group Art Unit 3629, at the following facsimile number: (703) 872-9306.

Dated: 5/28/04

By:

Eileen A. Lehmann  
Eileen A. Lehmann, Reg. No. 39,272

MAIL STOP AMENDMENT  
COMMISSIONER FOR PATENTS  
WASHINGTON, DC. 20231

PRELIMINARY AMENDMENT

06/02/2004 LWATER: 00000002 192555 09755934  
Sale Ref: 00000002 DA#: 192555 09755934  
01 FC:1202 108.00 DA  
02 FC:1201 108.00 DA

Amendments to the Claims begin on page 2.

Remarks begin on page 15.

16319/05986/DOCS/1309356.2

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0001/PTO Rev. 10/95	U.S. Department of Commerce Patent and Trademark Office	Application Number	09/755,934
		Filing Date	January 4, 2001
		First Named Inventor	Elliott Cooperstone
		Group Art Unit Number	3629
		Examiner Name	not yet known
TRANSMITTAL FORM (to be used for all correspondence during pendency of filed application)		Total Number of Pages In This Submission	19
		Attorney Docket Number	16319-05986

## ENCLOSURES (check all that apply)

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate)<br><input checked="" type="checkbox"/> Check Enclosed     | <input type="checkbox"/> Issue Fee Transmittal  |
| <input checked="" type="checkbox"/> Return Receipt Postcard   | <input type="checkbox"/> Letter to Chief Draftsperson   |
| <input type="checkbox"/> Response to Notice to File Missing Parts   | <input type="checkbox"/> Formal Drawing(s):<br>[ ] Sheet(s) of Figure(s) [ ]                  |
| <input type="checkbox"/> Assignment & Recordation Cover Sheet   | <input type="checkbox"/> Appeal Communication to Board of Appeals and<br>Interferences        |
| <input type="checkbox"/> Declaration  | <input type="checkbox"/> Appeal Communication to Group<br>(Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> Power of Attorney  | <input type="checkbox"/> Certified Copy of Priority Document(s)                               |
| <input type="checkbox"/> Application Data Sheet   | <input type="checkbox"/> After Allowance Communication to Group                               |
| <input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A<br><input type="checkbox"/> Copies of IDS Cited References | <input type="checkbox"/>  |
| <input type="checkbox"/> Request for Corrected Filing Receipt   | <input type="checkbox"/>  |
| <input type="checkbox"/> Request for Correction of Recorded Assignment  | <input type="checkbox"/>  |
| <input checked="" type="checkbox"/> Preliminary Amendment: [ 15 ] Page(s)<br><input type="checkbox"/> After Final                 | <input type="checkbox"/>  |
| <input type="checkbox"/> Status Request   | <input type="checkbox"/>  |
| <input type="checkbox"/> Revocation and Substitute Power of Attorney  | <input type="checkbox"/>  |

REMARKS:

## SIGNATURE OF ATTORNEY OR AGENT

Signature:	<i>Eileen A. Lehmann</i>	Dated:	5/28/04
Attorney/Reg. No.:	Eileen A. Lehmann, Reg. 39,272		

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Signature:	<i>Eileen A. Lehmann</i>	Dated:	5/28/04
Typed or Printed Name:	Eileen A. Lehmann		
Express Mail Mailing Number (optional):			

+

CERTIFICATE OF FACSIMILE TRANSMISSION		
I hereby certify that this correspondence, including the enclosures identified above, is being transmitted on the date shown below via facsimile to: Examiner Jonathan P. Ouelette, Group Art Unit 3629, at the facsimile number indicated below.		
Signature:	<i>Eileen A. Lehmann</i>	Dated: <i>5/28/04</i>
Typed or Printed Name:	Eileen A. Lehmann	
Facsimile Number:	1-703-872-9306	

16319/05986/DOCS/1439545.1

# FEE TRANSMITTAL for FY 2004

Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 366.00)

## Complete if Known

Application Number	09/755,934
Filing Date	January 4, 2001
First Named Inventor	Elliott Cooperstone
Examiner Name	not yet known
Art Unit	3629
Attorney Docket No.	16319-05986

## METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None  
☐ Deposit Account:

Deposit Account Number 19-2555

Deposit Account Name Fenwick &amp; West LLP

The Commissioner is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments☒ Charge all required fee(s) or any underpayment of fee(s) due under 37 CFR §1.16 or §1.17 during the pendency of this application☐ Charge fee(s) indicated below, except for the filing fee

to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1) (\$)

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims		Extra Claims		Fee from below		Fee Paid	
48	42**	6	X	18	=	108	
11	8**	3	X	86	=	258	

Multiple Dependent

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	18	2202	9	Claims in excess of 20	
1201	88	2201	43	Independent claims in excess of 3	
1203	290	2203	145	Multiple dependent claim, if not paid	
1204	88	2204	43	**Reissue independent claims over original patent	
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$ 366)

\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	2053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	420	2252	210	Extension for reply within second month	
1253	950	2253	475	Extension for reply within third month	
1254	1,480	2254	740	Extension for reply within fourth month	
1255	2,010	2255	1,005	Extension for reply within fifth month	
1401	330	2401	165	Notice of Appeal	
1402	330	2402	165	Filing a brief in support of an appeal	
1403	290	2403	145	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,330	2453	665	Petition to revive - unintentional	
1501	1,330	2501	665	Utility issue fee (or reissue)	
1502	480	2502	240	Design issue fee	
1503	640	2503	320	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(g)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	770	2809	385	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	770	2810	385	For each additional invention to be examined (37 CFR 1.129(b))	
1801	770	2801	385	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify)

SUBTOTAL (3) (\$ 0)

\*Reduced by Basic Filing Fee Paid

## SUBMITTED BY

Name (Print/Type) Eileen A. Lehmann

Registration No. 39,272  
(Attorney/Agent)

Complete (if applicable)

Telephone (650) 335-7248

Signature

Eileen A. Lehmann

Date

5/28/04

16319/05986/DOCS/1439539.1